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6/24/98

## RECEIPT

3 - REMITTER

DATE 9/16/78		THIS ACKNOWLEDGES RECEIPT OF		VOUCHER NO. APPEARS ABOVE THIS LINE	
AMOUNT IN WORDS Five hundred 200/100		\$ 552,65		DOLLARS	
NAME (Last, First, Middle Initial) Covt to check		DESCRIPTION [REDACTED] STATINTL			
TRANS. CD. 012	RECEIPT NO. 230773	OBLIGATION REFERENCE NUMBER		AMOUNT 552,65	
REMARKS: 012		OFFICIAL SIGNATURE [REDACTED]			

FORM 102 OBSOLETE PREVIOUS  
5-76 EDITIONS

(33)

STATINTL

MEMORANDUM FOR: Deputy Director of Central Intelligence

THROUGH: Deputy Director \_\_\_\_\_ (if appropriate)  
Administrative Officer, DCI

SUBJECT: Request for Approval to Incur Expenses Under HR 7-4

1. Approval is requested to incur expenses allowed under HR 7-4.

2. I believe the expenditure of appropriated funds is authorized under HR 7-4 for the costs for (reception, meals, coffee, other \_\_\_\_\_, ) on \_\_\_\_\_ for the purpose of \_\_\_\_\_.

3. Designated Officials and Persons present including their grade, title, and organizational affiliation will be:

4. Other U.S. Government employees present will be:

5. Other persons present will be:

6. I certify that the attendance of the individuals listed in paragraphs 4 and 5 has been requested and is considered essential to the conduct of official Government business and further that the function will facilitate the accomplishment of the DCI's duties and responsibilities.

7. The estimated cost of this function is \_\_\_\_\_.

\_\_\_\_\_  
(Requestor)

APPROVED:

\_\_\_\_\_  
Deputy Director

I certify the availability of funds in the amount indicated in paragraph 7.

\_\_\_\_\_  
Administrative Officer, DCI

APPROVED:

\_\_\_\_\_  
Deputy Director of Central Intelligence

Revised 22 September 1978

UNCLASSIFIED

CONFIDENTIAL

SECRET

Approved For Release 2001/03/04 : CIA-RDP80T01198A000100010001-8

## OFFICIAL ROUTING SLIP

TO	NAME AND ADDRESS	DATE	INITIALS
1	OSI/STIC		
2	G-F-35 Hgr		
3			
4			
5			
6			

<input type="checkbox"/>	ACTION	<input type="checkbox"/>	DIRECT REPLY	<input type="checkbox"/>	PREPARE REPLY
<input type="checkbox"/>	APPROVAL	<input type="checkbox"/>	DISPATCH	<input type="checkbox"/>	RECOMMENDATION
<input type="checkbox"/>	COMMENT	<input type="checkbox"/>	FILE	<input type="checkbox"/>	RETURN
<input type="checkbox"/>	CONCURRENCE	<input type="checkbox"/>	INFORMATION	<input type="checkbox"/>	SIGNATURE

**Remarks:** Effective immediately, the attached memorandum is to be used when submitting "Requests for Reimbursement" or "Requests for Advance Approval" of Representational expenses allowed under [REDACTED]. You may use Xerox copies of the attached memorandum for your submissions.

All previous memorandums are now obsolete and should be destroyed.

Please bring this change to the attention of anyone in your area who may be submitting claims under [REDACTED]. If there are any questions, please contact the DCI Administrative Office.

FOLD HERE TO RETURN TO SENDER

FROM: NAME, ADDRESS AND PHONE NO.

DATE

DCI/ADMIN [REDACTED]

7C17

x7575

11/2/78

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FORM NO. 1-67

237

Use previous editions

(40)

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